

**POSITION CLASSIFICATION QUESTIONNAIRE**

Position No./Item No. \_\_\_\_\_

Class Code \_\_\_\_\_

1. Mr. ☐ Last Name First Middle Initial  
 Mrs. ☐  
 Miss ☐

4. Agency/Institution

2. Official Title of Position

5. Division or College

Usual Working Title of Position

6. Section or Other Unit of Division or College

3. Regular Schedule of Hours of Work

7. Place of Work or Headquarters (Room No. &amp; Bldg. Name)

	From	To	Total Hrs. per Wk. Explain rotation of shifts, if any:
Mon.	_____	_____	
Tues.	_____	_____	
Wed.	_____	_____	
Thurs.	_____	_____	
Fri.	_____	_____	
Sat.	_____	_____	Hrs. of "On- Call Time per Wk.
Sun.	_____	_____	

8. Is your work ☐ Full-Time? ☐ Part-Time? ☐ Year-round?  
☐ Seasonal? ☐ Temporary?

If work is seasonal, temporary, or part-time, indicate part of year or  
 proportion of full time:

9. Do you receive any maintenance (room, meals, laundry, etc.) in  
 addition to your cash salary? ☐ Yes ☐ No

10. Describe below in detail the work you do. Use your own words, and make your description so clear that persons unfamiliar with your work can  
 understand what you do. Attach additional sheets if necessary.

**% TIME****WORK PERFORMED****LEAVE BLANK**

11. Name and Title of Your Immediate Supervisor

12. Give the names and payroll titles of employees you supervise, if five or fewer. If you supervise more than five employees, give the number under  
 each title. If you supervise no employees, write "none."

13. Machines or equipment used regularly in your work. Give percent of time spent in operation of each.			
	%		%
	%		%
	%		%
14. What are the nature and extent of instructions you receive regarding your work?			
15. What are the nature and extent of the check or review of your work?			
16. Describe your contacts with departments other than your own, with outside organizations and with the general public.			
Certification: I certify that the above answers are my own and are accurate and complete. Date _____ Employee's Signature _____			
<b>STATEMENT OF GENERAL SUPERVISOR</b>			
17. Comment on statements of employee. Indicate any exceptions or additions.			
18. What do you consider the most important duties of this position?			
19. Does this position involve typing? <input type="checkbox"/> No <input type="checkbox"/> Yes – Give % of time spent in typing:      %		20. Does this position involve shorthand? <input type="checkbox"/> No <input type="checkbox"/> Yes – Give % of time spent in taking shorthand:      %	
Date _____		General Supervisor's Signature _____	
<b>STATEMENT OF AGENCY DIRECTOR / INSTITUTION HEAD OR DESIGNATED REPRESENTATIVE</b>			
21. Indicate the qualifications, which you think, should be required in filling a future vacancy in the position. Keep the position itself in mind rather than the qualifications of the individual who now occupies it.			
	Basic Qualifications	Additional Desirable Qualifications	
Education, general:			
Education, special or professional:			
Education, special or professional:			
Experience, length in years and kind:			
Licenses, certificates, or registration:			
Special knowledge, abilities and skills:			
Age, sex, physical requirements or other factors:			
22. Comment on the above statements of the employee and the supervisor. Indicate any inaccuracies or statement with which you disagree.			
Date _____		Agency Director's / Institution Head's Signature _____	